

Farmers Branch Manske Library Adult Volunteer Application

Position Summary

To provide general assistance to library staff in performing routine tasks such as shelving and straightening materials, directing patrons to appropriate sources of information, cleaning and repairing materials, instructing patrons in basic use of the internet and library catalog, and circulating library materials.

Required Skills

Volunteers must have the ability to convey a positive, friendly, professional attitude and be able to work congenially with staff, patrons, and other volunteers. They must have excellent customer service skills, patience, and a desire to help and work with others. They must maintain confidentiality in dealing with patron information and must have the ability to receive instruction from library staff and the cooperation to abide by library policies. Computer experience is a plus.

Training

Training will include a library tour and overview of library technology and policies and procedures.

Requirements

Completed application, confidentiality statement, and background check are required.

If you are volunteering to complete required community service hours, please list the number of hours you require, the date you need them completed by, and the reason for needing hours. Your application will not be processed without this information.

Please complete the attached shelving quizzes to give us a better idea of your shelving abilities prior to volunteering.

Once your application is complete, we will keep your application on file for one year, at which point you will need to reapply to remain in consideration.

Scheduling

All shifts must be scheduled in advance of volunteering. All volunteer shifts are scheduled on a first-come, first-served basis. Shifts are scheduled for one hour at a time. Volunteers may not work more than one shift per day, and may not work more than 5 hours per week. Primary duties may include shelving, shelf-reading, and dusting.

In the case of special programs, separate signup sheets will be made available. Participation in special programs does not count towards the hours maximum for a given week.



VOLUNTEER APPLICATION

Date:	Area of Interest:
Reason for Interest (if community service, please specify number of hours needed, date needed by, and reason for hours):	
PERSONAL INFORMATION:	
Name:	SSN:
Home Address:	Contact Information:
	Home Phone:
	Cell Phone:
E-mail Address:	Work Phone:
EMERGENCY CONTACT INFORMATION	
Name/Relation:	Name/Relation:
Contact Number:	Contact Number:
EXPERIENCE (related to the area of interest)	
Employer Name:	
Address:	
Supervisor:	Job Title:
Job Duties:	
Employer Name:	
Address:	
Supervisor:	Job Title:
Job Duties:	
SKILLS (related to the area of interest)	

Certification: I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any false statements herein will void this application and any actions based on it. I authorize the City of Farmers Branch to conduct job-related inquiries into my criminal history, employment record, and driving record when deemed necessary by the City of Farmers Branch.

I understand and agree that the City of Farmers Branch reserves the right to terminate at will and act accordingly regarding my volunteer services.

Signature

Date

Library Confidentiality Agreement

I understand that it is the policy of the Farmers Branch Manske Library to protect the privacy of those who use the Library. I agree to hold all information about patrons in complete confidence and to access this information only in the course of performing my volunteer assignments. I will not disclose any confidential information on any library patron or employee record seen in the course of my volunteer assignment, during or at any time after the assignment has been completed. This includes files of patron or employee names, addresses or social security numbers or any other personal information. In addition, I understand that the unauthorized release of such confidential information is grounds for dismissal from the Library's volunteer services program and may subject me to civil or criminal liability.

Applicant Signature: _____

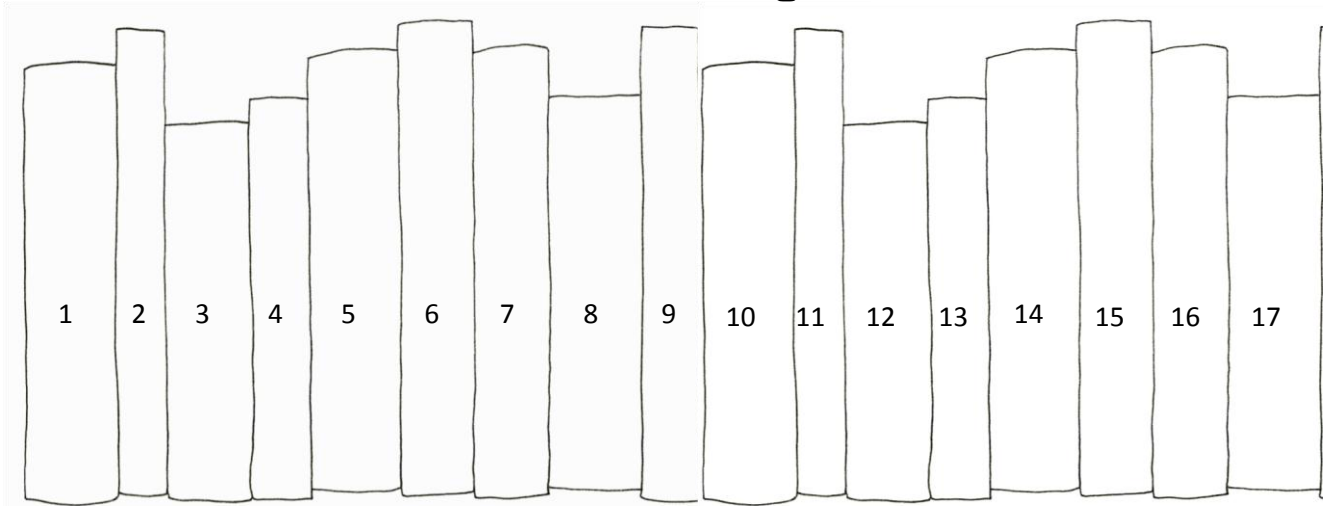
Date: _____

Printed Name: _____

Address: _____

Daytime Phone: _____

Fiction Shelving Quiz



Listing the books in order by author, title, and call number, match the appropriate title to the appropriate number, 1-17. **Keep in mind that 'The' does not count as the first word of a title.**

- ☐ *It's Spring, Dear Dragon* by Margaret Hillert (E HIL) _____
- ☐ *Waiting for Wings* by Lois Ehlert (E EHL) _____
- ☐ *Dory Story* by Jerry Pallotta (E PAL) _____
- ☐ *Wake Up, It's Spring* by Julie Fogliano (E FOG) _____
- ☐ *Spring Is Here* by Will Hillenbrand (E HIL) _____
- ☐ *The Happy Day* by Ruth Krauss (E KRA) _____
- ☐ *The Icky Bug Alphabet Book* by Jerry Pallotta (E PAL) _____
- ☐ *Inch By Inch* by Leo Lionni (E LIO) _____
- ☐ *It's Spring* by Linda Glaser (E GLA) _____
- ☐ *Mud* by Mary Lyn Ray (E RAY) _____
- ☐ *Wake Up, It's Spring* by Lisa Campbell Ernst (E ERN) _____
- ☐ *Rabbit's Good News* by Ruth Lercher Bornstein (E BOR) _____
- ☐ *The Rain Came Down* by David Shannon (E SHA) _____
- ☐ *Counting in the Garden* by Kim Parker (E PAR) _____
- ☐ *The Caterpillar and the Polliwog* by Jack Kent (E KEN) _____
- ☐ *I Can Fly* by Ruth Krauss (E KRA) _____
- ☐ *Too Many Toys* by David Shannon (E SHA) _____

Nonfiction Shelving Quiz

Read each question carefully. Follow directions! Circle the correct answer.

1. Select the book that would be FIRST when shelving.
 - a. 005.962
 - b. 050.962
 - c. 005.692
 - d. 005.961
2. Select the book that would be FIRST when shelving.
 - a. 560.361
 - b. 560.631
 - c. 561.631
 - d. 560.613
3. Select the book that would be FIRST when shelving.
 - a. 382.22
 - b. 383.22
 - c. 382.33
 - d. 383.23
4. Select the book that would be SECOND when shelving.
 - a. 921 Hesse
 - b. 921 Herman
 - c. 921 Hernandez
 - d. 921 Hermann
5. Select the book that would be SECOND when shelving.
 - a. 831.456 J
 - b. 813.456 M
 - c. 831.654 N
 - d. 831.456 L
6. Select the book that would be THIRD when shelving.
 - a. 364.331
 - b. 436.331
 - c. 364.313
 - d. 346.133
7. Select the book that would be THIRD when shelving.
 - a. 438.13
 - b. 439.03
 - c. 429.03
 - d. 438.23

8. Select the book that would be LAST when shelving.
- a. 237.111 H
 - b. 237.111 F
 - c. 237.011 H
 - d. 237.001 G
9. Select the book that would be LAST when shelving.
- a. 313.565 R
 - b. 313.655 S
 - c. 313.556 T
 - d. 313.565 T
10. Select the book that would be LAST when shelving.
- a. 007.001 A
 - b. 070.001 B
 - c. 007.010 A
 - d. 070.001 A



Background Check

☐ Social Security and Criminal History

☐ Motor Vehicle

☐ Employment and Education

Department requesting report _____

Please Print in Ink

Last Name, First Name, Middle Name		Maiden Name or Other Names known by			
Date of Birth	Social Security Number	Drivers License Number and State of Issuance			
Current Street Address	City	State	Zip	Dates lived here	
Previous Street Address	City	State	Zip	Dates lived here	
Previous Street Address	City	State	Zip	Dates lived here	
Previous Street Address	City	State	Zip	Dates lived here	
Previous Street Address	City	State	Zip	Dates lived here	
Previous Street Address	City	State	Zip	Dates lived here	
Previous Street Address	City	State	Zip	Dates lived here	

Instructions: date of birth is required solely for the purpose of verifying background information and to insure the accuracy in the search of public records. It will not be used for any other purpose. Provide addresses for at least the last seven (7) years.

In connection with my application for employment with Farmers Branch, I understand that Farmers Branch or an outside agency may complete a background investigation regarding such areas as employment history, educational background, professional license, drivers license, and criminal history or convictions.

I agree that a photostat of this authorization shall be considered as effective and valid as the original.

I authorize and request all persons, schools, businesses, corporations, government agencies, credit bureaus and law enforcement to release such records without restrictions or qualifications. I also release Farmers Branch or any of its employees, representatives, or agents from any and all liability associated with this background investigation. If discrepancies are found, I understand I will be given the opportunity to explain any inaccuracies. I have read and understand the above statement.

Applicant Signature

Date

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial _____
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial _____
Date Printed: _____	initial _____
Destroyed Date: _____	initial _____
Retain in your files	